MEDI-CAL UPDATE Part 2
Billing and Policy
www.medi-cal.ca.gov

Outpatient Services • Chronic Dialysis Clinics

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Contents

Billing Tips for Medi-Cal Universal Claim Form Transition Period

Beginning April 23, 2007 through June 24, 2007, Medi-Cal will accept both versions of the professional claim form, either the *UB-92* or the *UB-04*. During this period, providers are encouraged to migrate their business processes away from the *UB-92*, depleting their form stock, in preparation for exclusive use of the *UB-04*.

Providers may choose to fully transition to the new *UB-04* claim form at any time during this two-month window before the use of the *UB-04* is mandatory. Beginning June 25, 2007, Medi-Cal will only accept the *UB-04*.

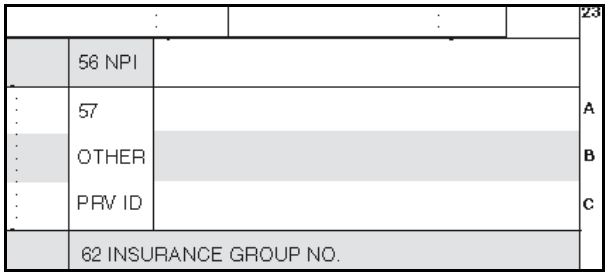
Separate billing instructions apply, as Medi-Cal is announcing a National Provider Identifier (NPI) dual-use period that starts during the claim form transition period. (For more information on the NPI implementation date, refer to the Medi-Cal Web site [www.medi-cal.ca.gov] and future *Medi-Cal Updates*.)

Providers billing on the new *UB-04* claim form must continue to use their Medi-Cal provider number until instructed otherwise. Beginning May 23, 2007, the NPI, if available, should be reported along with the Medi-Cal provider number, but is not necessary for proper adjudication.

For providers who choose to use the new claim form during the transition period, below are instructions on how to fill out the new form during the April 23 to June 24 time frame.

Providers may also continue to use the *UB-92* claim form during the transition period and bill as they do currently. To clarify, providers using the *UB-92* must use their Medi-Cal provider number. Only the new *UB-04* supports provision of both identifiers.

Boxes 56 and 57

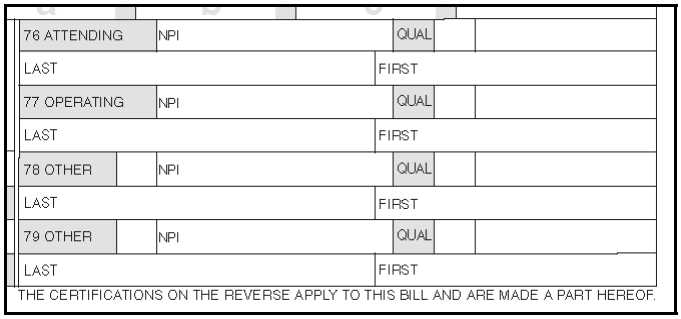


Providers can enter the billing provider's NPI in Box 56. In Boxes 57A-C, enter the billing provider's Medi-Cal number corresponding to information on lines 50-55A, B or C.

Please see **Billing Tips**, *page 2*

Billing Tips *(continued)*

Boxes 76 – 78



In Box 76 (*Attending*), enter the referring or prescribing physician's Medi-Cal provider number in the farthest box to the right. This field is mandatory for radiologists. If the referring or prescribing physician is not a Medi-Cal provider, enter the state license in the farthest box to the right.

In Box 77 (*Operating*), enter the rendering physician's Medi-Cal provider number in the farthest box to the right. Only one rendering provider number may be entered per claim form. Do not use a group provider number or state license number.

Box 78 (*Other*) is not required by Medi-Cal for Outpatient billers.

For Boxes 76 and 77, providers can enter provider NPI numbers in the area marked "NPI."

Fresno Medi-Cal Field Office to Close

The Fresno Medi-Cal Field Office (FMCFO), located at 3374 East Shields Avenue, Suite C-4 in Fresno, California, will close no earlier than November 2007.

The closure is part of a statewide effort to streamline Medi-Cal field office operations and to increase consistency in *Treatment Authorization Request* (TAR) decisions on behalf of Medi-Cal recipients.

Note: The closure of other Medi-Cal field offices is not being considered, and the Medical Case Management (MCM) program will not be closing.

The majority of TAR services currently handled by the Fresno Field Office staff will be redirected to other Medi-Cal field offices. Hospital onsite review of TARs at area hospitals will continue, as will local MCM activities.

Provider notification regarding specific details on the redirection of the various TAR types adjudicated by the FMCFO to other Medi-Cal field offices will be provided in future *Medi-Cal Updates* as information becomes available. The California Department of Health Services (CDHS) does not anticipate any negative impact to providers or recipients as a result of the closure of the FMCFO, as all TAR and MCM services will continue.

End-Date Non-Specific Diagnosis Codes V72.5 and V72.6

Effective for dates of service on or after March 1, 2007, providers may not submit the following non-specific diagnosis codes when billing for radiology or laboratory procedures:

ICD-9-CM Code	Description
V72.5	Radiological examination, not elsewhere classified
V72.6	Laboratory examination

This information is reflected on manual replacement page path bil 1 (Part 2).

Cyanocobalamin Policy Effective Date Correction

An article published in the December 2006 *Medi-Cal Update* erroneously stated that the effective date of the diagnostic restriction policy for CPT-4 code 82607 (cyanocobalamin [vitamin B-12]) was January 1, 2007. This policy became effective June 1, 2003 and was published in the May 2003 *Medi-Cal Update*.

Code 82607 is reimbursable only when billed in conjunction with one or more of the following ICD-9-CM codes. Reimbursement is restricted to three tests per year for the same recipient by the same provider, unless medical justification is entered in the *Remarks* area/*Reserved for Local Use* field (Box 19) of the claim or submitted as an attachment.

Additionally, three of the ICD-9-CM codes have been updated to reflect the highest level of specificity currently available, according to the *International Classification of Diseases – 9th Revision – Clinical Modification (ICD-9-CM)* code book:

ICD-9-CM Code	Description
289.81 – 289.89	Other specified diseases of blood and blood-forming organs
294.10 – 294.11	Dementia in conditions classified elsewhere
780.71 – 780.79	Malaise and fatigue

A future *Medi-Cal Update* will instruct providers how to resubmit previously denied claims for reprocessing.

This information is reflected on manual replacement page path chem 3 (Part 2).

California Children's Services Service Code Groupings Updates

Effective January 1, 2007, updates were made to California Children's Services (CCS) Service Code Groupings (SCGs) 01, 02, 03 and 07.

HCPCS codes X7582, X7588 and X7634 and CPT-4 code 90634 have been end-dated for dates of service on or after January 1, 2007.

In addition, HCPCS codes J9001, J9045 and J9310 and CPT-4 codes 20600, 20605, 20610, 20650, 20670, 20680, 20690, 20692 – 20694, 90384 – 90386, 90399, 90649, 90660, 90680, 90710, 90714 – 90715, 90734, 90740 and 90747 have been added for dates of service on or after January 1, 2007.

Reminder: SCG 02 includes all the codes in SCG 01 plus additional codes applicable only to SCG 02; SCG 03 includes all the codes in SCG 01 and SCG 02 plus additional codes applicable only to SCG 03; and SCG 07 includes all the codes in SCG 01 plus additional codes applicable only to SCG 07. These same "rules" apply to end-dated codes.

The updated information is reflected on manual replacement pages cal child ser 1, 3, 11 and 18 (Part 2).

Instructions for Manual Replacement Pages — Part 2

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Remove and replace:

cal child ser 1 thru 24
path bil 1/2
path chem 3/4
tar field 9/10 *

* Pages updated due to ongoing provider manual revisions.